



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7516692
Outpatient Patient Service Revenue	\$54967855
Total Gross Patient Service Revenue	\$62484547

2. Deductions From Revenue

Contractual Allowance	\$45604609
Other Deductions	\$920644
Total Deductions	\$46525253

3. Total Operating Revenue

Net Patient Service Revenue	\$14519737
Other Operating Revenue	\$1904512
Total Operating Revenue	\$16424249

4. Operating Expenses

Salaries and Wages	\$4411887	Employee Benefits	\$1296090
Depreciation and Amortization	\$649551	Interest Expense	\$139072
Bad Debt	\$1439556	Other Expenses	\$9197806
Total Operating Expenses	\$17133962		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$729844	Total Assets	\$9157620
Net Non-operating Gains over Loss	\$-416	Total Liabilities	\$10384193

Total Net Gains	\$729428
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$35183342	\$27129088	\$8054254
Medicaid	\$11330898	\$10163626	\$1167272
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15970307	\$9232539	\$6737768
Total	\$62484547	\$46525253	\$15959294

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$16116	\$-16116
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$19542	\$-19542

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	440
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$3516362
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$814750	
HCI Payments	\$0		
Subtotal	\$0	\$814750	\$-814750
Medicaid Shortfalls	\$932263	\$3766378	
Subtotal	\$932263	\$4581128	\$-3648865
DSH Payments	\$0		
Subtotal	\$932263	\$4581128	\$-3648865
Medicare Shortfalls	\$8104449	\$8152069	
Other Government Programs	\$0	\$0	
Total	\$9036712	\$12733197	\$-3696485

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$16966	\$-16966
Community Assessment	\$0	\$42235	\$-42235
Provision of Taxes	\$0	\$1140980	\$-1140980
Other Allocations	\$0	\$0	\$0

Comments

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